

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET Substitute for Form PTO-1360 (For use with Form PTO/SB/06)			Application Number 10/567,957		Filing Date 10 February, 2006		<input type="checkbox"/> To be Mailed						
			Applicant(s) FAJARDO, ALFREDO C.						Page 1 of 1				
* May be used for additional claims or amendments													
CLAIMS	AS FILED		AFTER FIRST AMENDMENT 08/26/2008		AFTER SEC. AMENDMENT		*			*		*	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1			1				51					1	
2				1			52					1	
3					1		53					1	
4						1	54			1			
5							55				1		
6				1			56				1		
7					1		57				1		
8						2	58				1		
9							59				1		
10							60				1		
11							61				1		
12							62				1		
13							63				13		
14							64			1			
15							65				1		
16							66				3		
17							67				1		
18				1			68				2		
19					1		69			1			
20						1	70				1		
21							71			1			
22							72				1		
23							73				1		
24							74				5		
25							75				1		
26							76						
27							77						
28							78						
29							79						
30							80				1		
31							81				1		
32							82				1		
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50				1			100						
Total Indep							Total Indep			8			
Total Depend							Total Depend			76			
Total Claims							Total Claims			84			

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